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ABSTRACT

The author cites obstacles to the normalization of mentally retarded individuals, including society rigidity, low expectations, desire to maintain status quo, and persistent belief in the fallacy that most basic tasks require intelligence. Studies are reviewed in which moderately and severely retarded persons were successfully trained to perform complex industrial tasks. The involvement of labor and management in securing appropriate employment for this population is advocated. (CL)

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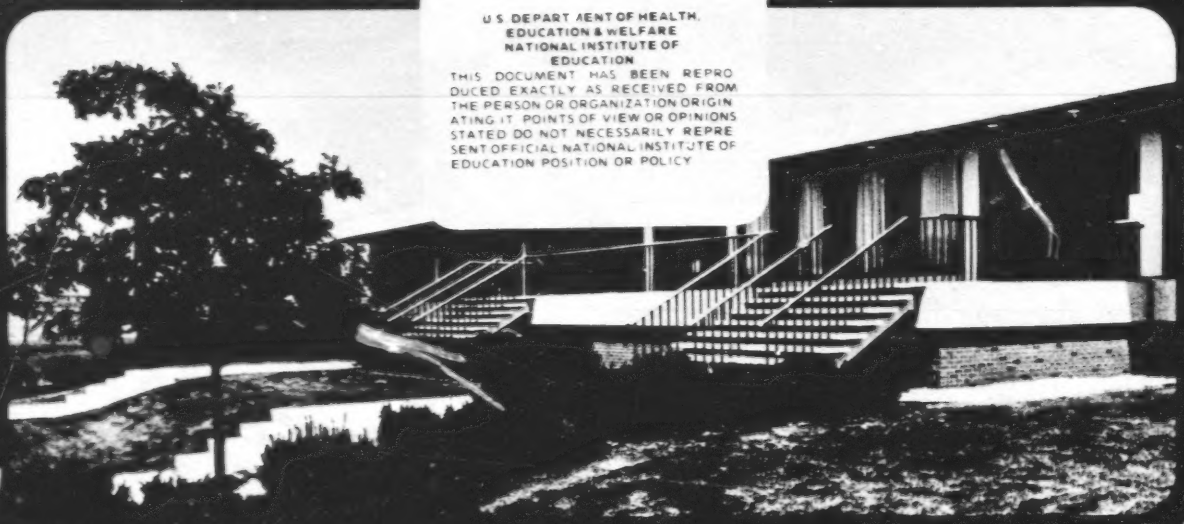

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AMAN, MICHAEL G., M.A., U. of Ill., 1972. State dependent learn., ped., psychopharm.

BAXLEY, GLADYS, Ph.D., U. of Kans., 1973. Experimental analysis of beh. mod., psychopharm.

CAMPIONE, ANN BROWN, Ph.D., U. of London, 1967. Learn. & memory, concept learn. & recog. memory in normal & retarded children.

CAMPIONE, JOSEPH C., Ph.D., U. of Conn., 1965. Learn. & reten. in normal & retarded children; concept acquisition & transfer

COHEN, LESLIE B., Director, Day Care Training Program. Ph.D., UCLA, 1966. Infant atten.; percept., short-term memory in infants; cog. develop.

COHEN, MIYE N., M.A., UCLA, 1965. Data consultant; stat. analysis; psychopharm.

GOLD, MARC W., Ph.D., U. of Ill., 1969. Retard. & learn.; vocational training of the retarded.

GRAMZA, ANTHONY F., Ph.D., U. of Wisc., 1969. Play & modulat. factors of environ.; sensory restrict. & children's behavior.

HILL, KENNEDY T., Ph.D., U. of Minn., 1965. Motivation & person. develop.; psycho-educ. develop.; socialization.

JOHNSTON, PATRICIA V., Ph.D., U. of Ill., 1957. Neurochem.; lipid chem.; nervous system ultrastruct.; psychopharm.

LEWKO, JOHN H., Ph.D., U. of Ill., 1973. Motor impair.; social psych. of the disabled; motor & language develop.

LOCKE, JOHN L., Ph.D., Ohio U., 1968. Speech & hear. sci.; acquis. & mod. of phonetic-phonemic beh.; phono. encoding in short-term memory; learn. in deaf.

LUCAS, JANA, Ph.D., Stanford U., 1972. Reading, comp. appl., research design.

MARTENS, RAINER, Director, Motor Performance & Play Research Lab., Ph.D., U. of Ill., 1968. Motor perform. & play; social psych. of phys. activity, anxiety stress.

McNUTT, BARBARA, M.A., U. of Ill., 1971. Beh. mod., mental retard., psychopharm.

ROBERTS, GLYN C., Ph.D., U. of Mich., 1973. Motor perform. & play; soc. psych. of phys. act.; achieve motivation; model. & socialization.

RUSSELL, DAVID, Ph.D., U. of Mich., 1973. Motor skill acquisition; inform. proc.; assess. of motor impairment.

SCOTT, KEITH G., Director, Institute for Res. on Except. Children, Ph.D., U. of Conn., 1966. Ment. retard.; memory; concept development.

SCOTT, MARCIA S., Ph.D., U. of Ill., 1968. Recog. memory in retard. and preschool children; oddity learn. in young child.

SLEATOR, ESTHER K., Research Pediatrician, M.D., U. of Mich., 1941. Public health; delivery of health care serv. for children; psychopharm.

SPRAGUE, ROBERT L., Director, Children's Research Center. Ph.D., Ind. U., 1960. Psychopharm.; beh. effects of drugs; hyperactivity; learn. in retardates.

TEWES, SHIRLEY A., M.S., U. of Ill., 1969. Information retriev. & dissem.; research. communication needs; inform. services.

VON NEUMANN, ALICE W., M.S.W., U. of Ill., 1966. Beh. disorders; treat. of children in public schools; parent-child interaction.

WADE, MICHAEL G., Ph.D., U. of Ill., 1970. Motor perform. & play; develop. skill acquisition; biorhythms; learn. strategy in normal and retarded children.

Present concern about adaptive behavior should go beyond the AAMD Adaptive Behavior Scale. Adaptive behavior needs to be addressed in terms of the context in which institutionalized retarded individuals find themselves moving from institutions into communities. The adaptive behavior of community, parents and professionals in fields dealing with the retarded is at least as critical as that of the retarded themselves. It is not difficult to get the retarded to adapt. Where things bog down is in getting society to adapt, move and change.

How does one tell a group of superintendents that they must find ways of eliminating their jobs as they presently exist? Being the director of a community residential program is different from being the director of a large institution and requires a major modification in job description and functioning. That takes a tremendous amount of adaptive behavior.

Training professionals to train moderately and severely retarded individuals to assemble electronic parts so they can earn good money on the open labor market, getting society to hire the retarded, getting unions to accept the retarded for membership. These changes require adaptive behavior. Yet, we go along with our adaptive behavior checklist and whom do we check off? We check off the retarded.

Why are we not checking off the labor unions and management, parents' organizations, institutions and directors of institutions? They are the ones supposedly more equipped to adapt. By definition, the retarded are not able to adapt and yet they are the only ones expected to do so. It is not that they cannot. They have all the flexibility to adapt and are just waiting to do so. It is the rest of us who are not adapting, and that has to change. One way to effect this change is to expose some of the inappropriate expectancies for the retarded which many members of society share. Many of these inappropriate expectancies are based on the fallacy of requisite intelligence.

What is the difference between a person who is five years old for one year and someone who is five years old for many years? Do they think the same? Do they act the same? Should we expect the same behavior from both of them?

When someone is labeled mentally retarded and diagnosed as performing at the mental level of a five year old, the tendency is to expect him to perform like a five year old. We must change that expectancy.

What do you suppose a normal five year old could do if he could stay five for more than just one year? He could learn to do new things in that added time. And, if he happened to be large for his age, say five-foot-eight, he could learn even more.

Consider some very specific activities such as morning routines, travel to and from work, and work itself and ask these questions. Which activities require intelligence? Which ones require training but not much intelligence? Which ones require both training and intelligence? Most activities which we assume require intelligence do not. Activities such as basic cooking, housework, bench assembly work, auto parts assembly and disassembly work are all good examples. They require training. Intelligence is required to organize the activity and to do the training but the tasks themselves can be performed without requiring much intelligence.

Why then do we perpetuate the fallacy of requisite intelligence? One reason is that we like to think of ourselves as intelligent beings doing intelligent things. We have been conditioned to think this way and so, for no real reason, it is uncomfortable to find out that much of our time is spent doing what any five year old could do if he were trained.

Another problem is the expectancy cycle which we perpetuate. For a century now, those working with the mentally retarded have described their limitations. When working with the retarded, we operate with the expectancies generated by our

own work. We prove that we are right and the expectancy cycle goes on. Since normal folks can do things that the retarded cannot do, we assume that those things must require intelligence. The retarded are not expected to do them and the cycle continues.

Another reason for limiting the retarded is society's need to maintain the status quo. As long as six million people are kept out of the mainstream of society by our saying they do not have what it takes, not only do we avoid having to make room for them, but we provide a lot of other people with work taking care of the retarded and keeping them out of the mainstream.

Farber and Lewis use the term progressive status quoism to describe a situation where systems having two very specific characteristics are established. The first characteristic of the system is that it gives the impression that considerable effort is being expended to solve a societal problem. The second characteristic is that the problem is not being solved by the system. The education system in this country is a good example. When a black man seeks a loan to start a business and is turned down, we give him more education instead of forcing the banks to lend him the money. When a Puerto Rican is not able to get into the carpenter's union to become a carpenter, we say he needs more education instead of doing something about the carpenter's union that will not admit him. A Puerto Rican can have a Ph.D. in wood, and still not be admitted. A large structure is set up, spending much time, energy and manpower, all of which is designed to solve the problem, but it does not. What happens instead is that we absolve ourselves of the real responsibility of helping people get good jobs. And we do exactly the same with the retarded. The same political and economic structures in the country allow us to absolve ourselves of the responsibility for solving the problems of

the retarded.

The position taken here is based on experiences at Children's Research Center, University of Illinois, where research is being conducted on the development of a technology of instruction for the vocational habilitation of the mentally retarded. The technology has developed to the point where a housewife with no prior experience with the retarded, one day of instruction, and one week of practice can enter a sheltered workshop and work individually with moderately and severely retarded individuals. With an average of two hours of client instruction, she can give trainees sufficient skill to do work worth a minimum wage. Attempts to implement the technology have brought to focus the adaptability of the retarded and the rigidity of everyone else.

This and the other research must be utilized to facilitate change in government. For example, import laws and labor laws must be modified so that much of the electronics business that is now being farmed out to Taiwan, Korea, China and other places can be profitably brought back into this country for the retarded and the handicapped. By bringing back to the U.S. a small fraction of the hand labor and bench assembly labor that our industries are now sending overseas, every retarded individual in this country could be kept busy for the rest of his life earning a very good wage. If this is to happen, labor and management must be involved. We have found them very willing to help. The Bendix Corporation, Magnavox, and General Electric have given us large amounts of time, and have opened their most private files to show us quality control data, and methods time measurement data. They seem willing to do anything they can to assist. They indicate a willingness to work with labor toward getting the retarded into their organizations or getting work out of their organization.

And what about labor? Who has asked them? The next time you are talking to the Board of Directors of some agency for the retarded, ask for a show of hands of people on the board who are members of labor and see what you find. Labor is seldom involved in our work and it is not their fault. It is ours. If we are really going to change things, we must get to labor, too.

A note on housing. Many believe that changing the housing of the retarded is somehow going to solve their problems. That is only a small, small piece of what has to happen. What are you going to do with the retarded when you get them out there living in groups of two and three unless you affect the entire context in which they live? This means the community, families, professionals. Where you live is not normalization. Normalization is not defined by where you live but how you live.

Some specific examples of our research might help to describe the application of some of the above position statement. In one study, a group of sixty-four moderately and severely retarded adolescents from sheltered workshops for the handicapped located throughout Illinois learned to assemble a 15-piece bicycle brake, accurately and consistently. This is a task which almost no one could do without some training or practice. The average time required to learn each task was just over two hours.

In another study, 16 severely retarded individuals were trained to sort bolts. The criterion task was sorting 7/8" long from 1" long bolts. They had to sort the pile once without any errors which meant 25 of the 7/8" bolts were placed in one pile and 25 of the 1" in another pile. A maximum of 750 attempts were allowed, that is, 15 sortings of the pile. Eight subjects worked only on the 7/8" from 1" discrimination. None of these reached criterion in 750 trials. All eight subjects, trained using an easy-to-hard sequence,

learned all three tasks averaging less than 400 trials to criterion.

In a large production study, moderately and severely retarded individuals assembled the bicycle brakes either one hour or three hours per day. Average hourly production was over 22 brakes per hour per person. The overall error rate was under 5 percent.

Another relevant aspect of our research relates to the issue of IQ. We get zero order correlations between IQ and ability to learn these tasks, suggesting that one cannot predict from IQ how people are going to learn a task at least if it is nonverbal and manipulative.

The data presented are just the beginning. We hope to go to Social and Rehabilitation Services in a couple of years with a stack of W-2 Forms belonging to severely retarded individuals who are earning four or five thousand dollars a year and ask why their vocational rehabilitation was not funded. We will be told is was because they were diagnosed incapable of being habilitated.

We are proposing that a terminal extended-care sheltered workshop could be set up where individuals who will probably never succeed competitively could make two and a half to three dollars an hour in a non-competitive situation.

To conclude, when thinking about adaptive behavior, think of it as applying to others more than to the retarded. Everyone will have to give up some of what he has held near and dear for a long, long time, break loose and try another way.

The instructional technology used in the studies mentioned is certainly an important recent development, but more important is the break we have made in the expectancy cycle. As society, parents and professionals become increasingly aware of the kinds of accomplishments described above, they

will change their expectancies and give the retarded their inherent right to full participation in society.